Claims Clues

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Electronic Remittance Ready for Testing

The AHCCCS Administration is ready to test its electronic Fee-for-Service Remittance Advice.

Providers who would like to take part in the testing process should complete the form that is attached to this issue of *Claims Clues* and submit it as directed. The form must be signed by the provider or the provider's designated agent.

The electronic Remittance Advice will be transmitted to providers via the Internet to the provider's email address.

The Remittance Advice will be a file attachment to an email, and it will retain its current content.

Providers who participate in the testing will continue to receive a paper version of the Remittance Advice in the mail.

Electronic transmission of the Remittance Advice does **not** include electronic deposit of reimbursement checks. Reimbursement checks will continue to be mailed to the provider's pay-to address.

Providers will be notified via *Claims Clues* when the testing process is completed. ❒

Hospitals Must Split Dialysis, Other O/P Services

Effective with claims for dates of service on and after July 1, 2000, fee-for-service claims from hospitals with Medicare-certified outpatient dialysis facilities must be split between dialysis services and other outpatient services.

Hospitals must submit claims for outpatient dialysis services on the UB-92 claim form using the 72X bill type. Other outpatient services, (e.g., clinic, X-ray, etc.) must be billed on a separate UB-92 using the 13X bill type.

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AHCCCS will continue to pay hospital outpatient dialysis and non-dialysis claims using the outpatient cost-to-charge ratio.

Hospitals had been allowed to bill the AHCCCS Administration for dialysis services and other outpatient services on the same UB-92 claim form. The change in billing requirements was prompted by Medicare's implementation of its Prospective Payment System (PPS) for outpatient services effective with claims for dates of service on and after July 1. ❒

Providers Must Submit Individual Medicare ID

In order to expedite the Medicare crossover process and reduce the likelihood of misdirected reimbursement checks, it is important that each provider's record contain the individual provider's Medicare ID number.

Providers should complete the form that is attached to this issue of *Claims Clues* and submit it as directed. Providers should enter their *individual* Medicare ID number, *not* a group ID number.

When transmitting claims to Medicare, providers should enter their AHCCCS ID number in the Medicaid ID number field. This also will help AHCCCS identify providers and reduce the likelihood of misdirected payments.

Under the crossover process, when a provider submits a claim to Medicare for an AHCCCS-eligible recipient, the claim is automatically crossed over to AHCCCS for payment of coinsurance and deductible when Medicare issues reimbursement. Providers no longer are required to submit claims to AHCCCS for paid Medicare claims for AHCCCS recipients.

This crossover process also applies to claims for QMB only recipients. QMB only recipients are eligible for reimbursement of coinsurance and deductible for Medicare-covered services. ❒

AHCCCS Revises Policy on Hct, EPO

AHCCCS has revised its policy regarding hematocrit (Hct) levels and the amount of EPO administered to dialysis patients.

The AHCCCS Office of Medical Management (formerly the Office of the Medical Director) has determined that, while a Hct target rate of 33 to 36 per cent is to be maintained, claims for EPO administered to recipients with Hct levels up to 37.5 per cent will be reimbursed.

Claims for EPO administration to patients with Hct rates of 37.5 per cent and higher will be subject to medical review, and further documentation may be requested from the provider.

The AHCCCS Administration recently conducted a review of dialysis claims with more than 100,000 units per month of EPO administration or with a Hct level greater than 36 per cent. Records of patients' related medical conditions also were tracked.

The review demonstrated that it is difficult to control Hct levels when multiple health and medical conditions are present. The fact that EPO does not cause a change in Hct levels until five to six weeks after administration exacerbates the problem.

These findings led to the change in policy. ❒

Maricopa Gets 3 ALTCS Program Contractors

Three program contractors will begin serving elderly and physically disabled ALTCS recipients in Maricopa County effective Oct. 1, 2000.

The AHCCCS Administration has awarded contracts to Maricopa Long Term Care Plan, Mercy Care Plan, and Lifemark Health Plans – Ventana and Arizona Health Concepts.

Maricopa Long Term Care Plan formerly was known as Maricopa Integrated Health Systems. Lifemark Health Plans – Ventana and Arizona Health Concepts formerly was known as Ventana Health Systems.

Currently, only Maricopa Long Term Care Plan serves the elderly and physically disabled ALTCS recipients in Maricopa County.

Each of Arizona's other 14 counties will continue to have only one program contractor.

Also, the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DD) will continue as the statewide program contractor serving all individuals with developmental disabilities. Developmentally disabled on-reservation Native Americans will continue to be enrolled with Indian Health Service.

Elderly and physically disabled ALTCS recipients in Maricopa County will be given the opportunity to select their program contractor. To phase in the transition, recipients will be divided into three groups, based on their residential ZIP codes. Recipients in each group will have a different time frame during which they must select a program contractor. The process is expected to be completed by Dec. 1.

Providers should address their questions to:

Mercy Care: Anna Shane, Provider Services Director, (602) 263-3069

Maricopa: Wendella Howell-Bell, Provider Services Director, (602) 344-8700

Lifemark: Roy Dickerson, Director of Network Development, (602) 331-5103. ❒

Comments Sought to Improve Web Site Page

What do you think of the new Plans & Providers page on the AHCCCS Web site?

What's good? What's not so hot? What's missing?

AHCCCS is soliciting comments from providers, health plans, and program contractors. Comments may be emailed to Gary Gutierrez, AHCCCS Webmaster, at:

gxgutierrez@ahcccs.state.az.us.

You also may click on the "Write us" link at the bottom of the page.

To view the page, visit the AHCCCS Web site at:

http;//www.ahcccs.state.az.us

Next, click "Plans/Providers" on the navigation bar on the left side of the home page.

The page offers links to the AHCCCS fee-for-service rate schedule, the *Fee-For Service Provider Manual,* the *AHCCCS Medical Policy Manual,* and past issues of *Claims Clues*. ❒

Application to Test AHCCCS Fee-For-Service Remittance Advice

I am volunteering to test the AHCCCS Administration's new electronic Fee-For-Service Remittance Advice.

I understand that I will continue to receive a paper copy of my Remittance Advice during this testing process. I further understand that my reimbursement check(s) will continue to be delivered by the U.S. Postal Service to the pay-to address(es) on file with the AHCCCS Administration Provider Registration Unit.

Provider/Group Name: _____

AHCCCS Provider Identification Number: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: ( ) _____ Fax: ( ) _____

Name of Contact Person: _____

Email address where
Remittance Advice will be sent: _____

Signature of Provider
Or Authorized Representative: _____

Date: _____

Mail this form to:

Lori A. Petre
AHCCCS Claims Administrator
701 E. Jefferson St.
MD 8200
Phoenix, AZ 85034

or

Fax this form to:

Lori A. Petre
AHCCCS Claims Administrator
(602) 253-5472

Medicare ID Number

In order to correctly process your Medicare crossover claims and reduce the likelihood of misdirected reimbursement checks, the following information must be on file with AHCCCS:

- ✓ Your Medicare Provider ID Number (NOTE: Please provide your *individual* Medicare Provider ID Number, *not* a group ID number.
- ✓ Medicare coverage (Part A and/or Part B)
- ✓ The name of your Part A Intermediary and/or your Part B Carrier (e.g., BC/BS of AZ, BC/BS of ND, BC/BS of TX)
- ✓ Begin date and end date (if applicable).

If you have any questions about submitting this information, please contact the Provider Registration Unit at (602) 417-7670 (Option 5). If you have questions related to how your Medicare claim is processed, contact the Claims Customer Service Unit at (602) 417-7670 (Option 4).

Medicare Provider ID Number	**Medicare Coverage (Part A and/or B)**	**Name of Part A Intermediary (if applicable)**	**Name of Part B Carrier (if applicable)**	**Begin Date (MM/DD/YYYY)**	**End Date (MM/DD/YYYY)**

Provider Signature

AHCCCS Provider ID Number

Provider Name (Please type or print only)

Date

Mail this form to: AHCCCS Provider Registration Unit
MD 8100
701 East Jefferson Street
Phoenix, AZ 85034

or

Fax this form to: AHCCCS Provider Registration Unit
(602) 256-1474